

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD: JULY 1, 2005 - JUNE 30, 2006**

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

2006 AUG -3 PM 4:25

THOMAS J PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHS

Division/Unit: NORTH INLAND PUBLIC HEALTH

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	2	Hours	101.5	X	\$18.04	=	\$1,831.06
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Types of work performed by GENERAL VOLUNTEERS in this category:

Clerical, reception & clinic support

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$18.04	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					<u>\$0.00</u>
					<u>\$0.00</u>

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>2</u>	<u>101.5</u>	<u>\$1,831</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

TOTALS:	2	Total Hours	102	Total Value	\$1,831.06
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

Item Donated: _____ Value: _____

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours	23	X	Rate	\$14.67	\$337.41
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours	2	X	Rate	\$38.02	\$76.04
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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____ Cost: _____

Item : _____ Cost: _____

Item : _____ Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$413.45

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d **\$1,831.06**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$413.45**

TOTAL PROGRAM BENEFIT:

\$1,417.61

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6. **RECRUITING:**

Please describe your recruiting programs:

We work with the Escondido Education Compact, a local organization that provides
work exposure for low income high school students.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

N. Inland Public Health was involved in a pilot project which created an additional
clerical workload. One volunteer provided reception activities to maintain good customer
service freeing clerical staff to focus on pilot activities. The other volunteer provided
Clinic support services.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2006-07:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

I would like to continue to have volunteers to promote interest in the health field.
I especially enjoy working with young students who are exploring potential career paths.

9. **GENERAL INFORMATION:**

Name of person completing report: Diane Hall

Phone: (760) 740-8863 Mail Stop: N512 E-Mail: Diane.Hall@sdcounty.ca.gov

Volunteer Coordinator: Diane Hall

Phone: SAA Mail Stop: E-Mail:

10. **DEPARTMENT CERTIFICATION:**


DEPARTMENT HEAD SIGNATURE

08/02/06
DATE

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